

# EXHIBIT H

**ACORD**<sup>TM</sup>

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

Producer  
AGENT'S NAME & ADDRESS

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

### COMPANIES AFFORDING COVERAGE

Insured  
**ABC VENDOR, INC.**  
123 MAIN STREET  
ANYTOWN, PA 12345

Company A	YOUR GENERAL LIABILITY INSURANCE CARRIER
Company B	YOUR AUTOMOBILE LIABILITY INSURANCE CARRIER
Company C	YOUR EXCESS LIABILITY INSURANCE CARRIER
Company D	YOUR WC/EL INSURANCE CARRIER

**LIST  
ALL  
DBA'S**

### COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIODS INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>A</b>	<b>GENERAL LIABILITY</b>	12345678	XX/XX/XX	XX/XX/XX	GENERAL AGGREGATE	
	<input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY				PRODUCTS-COMP/OP AGG	\$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> OWNERS & CONTRACTOR'S PROT				EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one Fire)	\$
					MED EXP (Any one person)	\$
<b>B</b>	<b>Automobile Liability</b>				BODILY INJURY (Per Person)	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per Accident)	<div style="border: 2px solid red; padding: 10px; font-weight: bold; color: red;"> <p>\$5 million Full Size Motorcoaches</p> <p>OR</p> <p>\$1.5 million Mini coaches, School Buses, Limousines OR Taxis</p> </div>
	<input type="checkbox"/> ALL OWNED AUTOS				PROPERTY DAMAGE	
	<input type="checkbox"/> SCHEDULED AUTOS				AUTO ONLY-EA ACCID	
	<input type="checkbox"/> HIRED AUTOS				OTHER THAN AUTO ON	
	<input type="checkbox"/> NON-OWNED AUTOS				EACH AC	
	AGGRE					
<b>C</b>	<b>GARAGE LIABILITY</b>				EACH OCCURRENCE	
	<input type="checkbox"/> ANY AUTO				AGGREGATE	
<b>D</b>	<b>EXCESS LIABILITY</b>	12345678	XX/XX/XX	XX/XX/XX	<input checked="" type="checkbox"/> UMBRELLA FORM	
	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				<input checked="" type="checkbox"/> STATUTORY LIMITS	<input type="checkbox"/> OTHER
					<input checked="" type="checkbox"/> INCL	EACH ACCIDENT
					<input type="checkbox"/> EXCL	DISEASE - POLICY LIMIT
OTHER					DISEASE-EACH EMPLOYEE	

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS. LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS AND MAY HAVE DEDUCTIBLES OR RETENTIONS. NORTHFIELD PARK ASSOCIATES, LLC dba HARD ROCK ROCKSINO NORTHFIELD PARK DIRECTORS, OFFICERS, AGENTS, REPRESENTATIVES AND EMPLOYEES ARE NAMED AS ADDITIONAL INSURED ON THE AUTOMOBILE LIABILITY POLICIES.

**CERTIFICATE HOLDER**

Northfield Park Associates, LLC dba Hard Rock Rocksino  
Northfield Park  
10777 Northfield Road  
Northfield, OH 44067

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE INSURANCE COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
**AUTHORIZED SIGNATURE MUST BE HAND WRITTEN OR STAMPED**  
**TYPED NAME WILL NOT BE ACCEPTED**